

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>691669 913</i>	FILING DATE <i>09-25-00</i>				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37	/		/				87					
38	/		/				88					
39	/		/				89					
40	/		/				90					
41	/		/				91					
42	/		/				92					
43	/		/				93					
44	/		/				94					
45	/		/				95					
46	/		/				96					
47	/		/				97					
48	/		/				98					
49	/		/				99					
50	/		/				100					
TOTAL IND.	3						TOTAL IND.	3				
TOTAL DEP.	35						TOTAL DEP.	35				
TOTAL CLAIMS	38						TOTAL CLAIMS	38				